



St. John Medical Center  
PeaceHealth

April 8, 2008

Washington State Department of Health  
Attn: Ric Ordos  
P. O. Box 47811  
Olympia, WA 98504-7811

Re: Charity Care Policy

To Whom it May Concern:

As required in WAC 246-453 we are submitting our updated charity care policy. This policy is the System Charity Policy for PeaceHealth, which operates two facilities in Washington State.

This is the updated policy for both facilities:

St. John Medical Center, tax ID 91-064987 in Longview  
St. Joseph Hospital, tax ID 91-0565889 in Bellingham

St. John Medical Center and St. Joseph Hospital have not implemented this policy. It will be adopted 30 days post this notice to the Department.

Sincerely,

A handwritten signature in cursive script that reads "Patricia J. Rinard".

Patricia J. Rinard  
PeaceHealth System Patient Financial Services

Attachment  
CC: file

Policies support accountability in meeting our ethical, professional, and legal obligations as caregivers and good stewards.



# PeaceHealth

**TITLE:** Bridge Assistance

<b>DEPARTMENT:</b> Patient Financial Services	<b>EFFECTIVE DATE:</b> May 31, 2007
<b>APPROVED BY/DATE:</b> July 10, 2007 by Alan Yordy, President	<b>REVISED.</b> Replaces: April 01, 2002
<b>DOCUMENT NUMBER:</b> CP.PFS.002	<b>LAST REVIEWED:</b>
<b>KEY WORDS:</b> charity care, financial counseling	<b>NEXT REVIEW:</b> June 01, 2008

**SCOPE:** All PeaceHealth Patient Financial Services personnel.

**PURPOSE:** To establish a charity care policy that assists patients and supports PeaceHealth's financial health.

**POLICY:** In an effort to ensure that PeaceHealth provides health care services to the sick and afflicted regardless of ability to pay, we have adopted a standard charity care policy known as Bridge Assistance. The Bridge Assistance Policy is part of PeaceHealth's overall Financial Counseling Policy and training curriculum, which in part educates our staff to identify patients that can benefit from our Financial Counseling services and Bridge Assistance. The Financial Counseling and Bridge Assistance Policies assist PeaceHealth in promoting System financial health, which enables us to continue the healing Mission of Jesus Christ.

**REQUIREMENTS:**

**A. Bridge Assistance Overview.**

1. Bridge Assistance is secondary to all other financial resources available to the patient, include but not limited to insurance, third party liability payors, government programs, and outside agency programs.
2. Bridge Assistance is granted for medically necessary services only.
3. Bridge Assistance determination and approval process will be the same regardless of the amount of the patient's balance.
4. Patients may apply for Bridge Assistance before, during, or after treatment or at any time during the billing and collection process.

5. Signage and brochures have been developed to inform patients about PeaceHealth's Financial Counseling Programs and Bridge Assistance. These must be placed at all appropriate access areas, including registration areas.
6. A standard financial counseling curriculum developed by System PFS will be used to train identified staff members.
7. System PFS will evaluate the implementation and effectiveness of the Financial Counseling program in each region.
8. The provision of necessary healthcare shall never be delayed by an assistance determination. Emergency care should never be delayed by requests for financial or other information regarding ability to pay.

## **B. Bridge Assistance Eligibility and Determination.**

### **1. Eligibility**

- a. Bridge Assistance is not granted for elective cosmetic surgery or other special situations, such as that of an individual who is eligible for insurance or government programs but has refused to apply.
- b. Patients who reside outside PeaceHealth's service area are not eligible for Bridge Assistance, except under the following circumstances:
  - The medically-necessary service is not performed at a facility in the area where the patient resides; and
  - There is no facility that performs the service that is closer to the patient's residence than a PeaceHealth facility.
  - The patient requires emergent services while visiting in PeaceHealth's service area.

The service area for Bridge Assistance will be the county in which the PeaceHealth facility is located.

- c. Anyone seeking Bridge Assistance will be given a preliminary screening according to System Standards as outlined in the Financial Counseling Training Manual.
- d. Bridge Assistance screening requests may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social services, or hospital personnel.
- e. Pending final eligibility determination, PeaceHealth will not initiate collection efforts or requests for deposits provided that the responsible party is cooperative with PeaceHealth's efforts to get payment from other sources.

- f. If initial screening does not disqualify someone for Bridge Assistance they will be given an application, which includes instructions on how to apply.

## 2. Application

- a. If an incomplete application is returned to PeaceHealth, a letter will be sent to the responsible party explaining what is required. The incomplete Bridge Assistance Application will be pended for 14 days awaiting receipt of requested additional information.
- b. Bridge Assistance may be denied if the responsible party does not return the application or requested information to PeaceHealth within 14 days from receipt.
- c. If the balance is under \$200.00 for clinics and \$850.00 for hospitals, the Short Form Application can be utilized.
- d. Consideration for Bridge Assistance will occur once a completed application has been submitted to PeaceHealth.
- e. A responsible party may be considered for Bridge Assistance without a completed Bridge Assistance Application if sufficient information can be obtained that allows for final determination.
- f. PeaceHealth will keep all Bridge Assistance Applications and supporting documentation confidential. PeaceHealth may, at its own expense, request a credit report to further verify the information on the applications. Conflicting information between the credit report and the application may result in a denial or request for additional information.

## 3. Verification of Income

- a. Acceptable verification of income includes the following proof of all income for the past 90 days (including payroll stubs, Social Security or unemployment benefits, brokerage account statements) and most recent year's tax return.
- b. An Income Statement for self-employed applicants is required.
- c. In the absence of income, a Letter of Support and/or a Declaration of No Income will be accepted.
- d. The Letter of Support will be accepted from individuals providing for the patient's and/or responsible party's living needs; and the Declaration of No Income must include an explanation of how expenses are being met.

#### 4. Determination

- a. Except as otherwise stated in this section, consideration for Bridge Assistance includes a review of:

- The responsible party's annual household income,
- Number of people in the home,
- Securable assets (excluding primary residence,
- Family's primary mode of transportation, and retirement accounts),
- Special medical costs,
- Reasonable living expenses,
- Credit history,
- Existing debt, and
- Other indicators of the party's ability to pay.

Note: These are guidelines. Each individual situation will be reviewed independently. Allowances will be made for extenuating circumstances.

- b. Bridge Assistance shall be granted to all applicants whose AGI fall at or below 100% of the current Federal Poverty Levels. Assets will not be considered for these applicants.
- c. Bridge Assistance may also be awarded to applicants whose AGI of FPL falls at or below the 400% of current Federal Poverty Level (FPL). Assets and reasonable living expenses may also be considered when determining eligibility for Bridge Assistance for these applicants.
- d. A \$3000 asset exemption is given for households with 1 to 4 members, and an additional \$500 will be given for each additional household member.
- e. Once the asset exemption has been taken, the Bridge Assistance portion extended based on assets will take 50% of the remaining equity.

Bridge Assistance Grid (02/2006)	
Percentage of Federal Poverty Level	Percentage of Bridge Assistance Provided
0 - 200 *	100%
201 - 225	90%
226 - 250	75%
251 - 300	50%
301 - 375	25%
376 - 400	10%
* does not consider assets	

- f. PeaceHealth will return to the responsible party written notice of its assistance determinations within 14 calendar days of receiving a completed Bridge

Assistance Application. This notification will include the level of reduction and reasonable payment arrangements consistent with the responsible party's ability to pay. Denials will include the reason for denial and instructions for appeal or reconsideration.

- g. A responsible party found eligible for Bridge Assistance is entitled to a refund of any amount paid for services covered by this Bridge Assistance prior to the determination of eligibility.

#### 5. Accounts in Collections

- a. Accounts in collection may be eligible for Bridge Assistance for the following reasons:
  - PeaceHealth error in screening, e.g., insurance billing error with no follow-up;
  - Clerical or system error; or
  - Drastic change in patient's ability to clear collection balance in the foreseeable future along with a history of effort to make their payments on accounts in collection.
- b. Accounts in collection that reflect no history of effort to clear the debt will not be eligible for Bridge Assistance unless extenuating circumstances exist.

#### **C. Appeals.**

1. The responsible party may appeal the determination of eligibility for Bridge Assistance by submitting in writing additional information, such as income verification or an explanation of extenuating circumstances, to the Patient Financial Services Director within 30 days of the denial notification.
2. The Chief Financial Officer will review all appeals and make a final determination.
3. If this determination affirms the previous denial of Bridge Assistance, written notification will be sent to the responsible party and for PeaceHealth facilities in Washington State, the Washington State Department of Health. Collection follow-up on accounts will be pended for the first 15 days during the appeal process.

#### **D. Other Providers.**

1. PeaceHealth's decision to provide Bridge Assistance in no way affects the responsible party's financial obligations to physicians or other health care

providers, unless such physicians or other health care providers are providing care to patients pursuant to a contract with PeaceHealth.

2. If such contract exists, the physician or other health care provider must comply with this Bridge Assistance policy and bill for or be compensated by PeaceHealth or the patient in accordance with Bridge Assistance eligibility determinations.

#### **E. Bridge Assistance Operating Policy.**

##### **1. Short Form Application**

- a. Used when the balance is under \$200 for clinics and \$850 for hospitals.
- b. May be completed by the Financial Counselor and mailed to the responsible party for signature.
- c. Once granted, Bridge Assistance is a one-time offer for the balance submitted on the application.
- d. Outstanding balances only.
- e. If Bridge Assistance is not offered based on the information provided by the Short Form, the applicant may appeal that decision by completing and submitting the Long Form.
- f. If Bridge Assistance has been granted based on a Short Form Application, subsequent requests must be submitted with a Long Form Application.

##### **2. Long Form Application**

- a. Use for balances over \$200 for clinics and \$850 for hospitals.
- b. Use if responsible party's Short Form Application was denied and they elect to submit additional information.
- c. Once granted, Bridge Assistance will cover all household members for 1 year beginning the date the completed Long Form Application was received by PeaceHealth.
- d. Existing balances not in collection will be included in the program coverage.
- e. Bridge Assistance recipients will be issued two cards per household. The cards will include the name, medical record number of all household members, the expiration date, and an authorized signature. This is not an insurance card, and it may only be used at PeaceHealth facilities.

## DEFINITIONS:

1. The term “**Bridge Assistance**” refers to a PeaceHealth program through which medically necessary and preventative services are provided at PeaceHealth facilities at a reduced cost or without charge when it has been determined that payment for those services cannot be obtained through insurance, outside agencies, or private means.
2. The term “**Financial Counseling**” is a process of working together with our patients in a compassionate and caring manner to identify options for resolving their PeaceHealth financial obligations.
3. The term “**Guarantor**” refers to a person age 18 or over, regardless of marital status, whom has legal financial responsibility for services provided to him/her and/or his/her legal minor children.
4. The term “**Household**” includes the following people living in the same home:
  - Guarantor
  - Guarantor’s spouse
  - Guarantor’s children/minor dependents and step-children (i.e. children living with grandparents that are legal guardians)
  - Guarantor’s unmarried partner, if they have a child(ren) in common. If they have a child(ren) in common, the unmarried partner’s child(ren) from previous relationships also qualify if living in the home

A household does not include any of the following people:

- Roommates
  - Extended family members, such as aunts, uncles, cousins, parents, etc.
  - The Guarantor’s unmarried partner, if they don’t have a child together, nor the unmarried partner’s other child(ren) from a previous relationship
5. The term “**Monthly Reasonable Living Expenses**” refers to the greater of either 75% of monthly Household income or 75% of the 150% of FPL for the appropriate number of people in the Household
  6. The term “**Adjusted Gross Income for Federal Poverty Level (AGI for FPL)**” refers to Annual Income - Annual Special Medical Costs (prescriptions, rented durable medical supplies, and health insurance premiums) = AGI for FPL
  7. The term “**Medical Necessity**” refers to care that, in the opinion of the treating physician/clinician, is reasonably needed:
    - To prevent the onset or worsening of an illness, condition, or disability;
    - To establish a diagnosis;



- To provide palliative, curative or restorative treatment for physical, behavioral and/or mental health conditions; and/or
- To assist the individual to achieve or maintain functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age.

Each service must be performed in accordance with national standards of medical practice generally accepted at the time the services are rendered. Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose.

#### **REFERENCES:**

##### **Forms:**

- [Bridge Assistance Long Application and Instructions](#)
- [Bridge Assistance Short Application and Instructions](#)

##### **Other:**

- [Bridge Assistance Approval Letter](#)
- [Bridge Assistance Clarification Letter](#)
- [Bridge Assistance Denial Letter](#)
- [Bridge Assistance Poverty Levels](#)
- [Financial Counseling Training Manual \(scroll down to Training\)](#)
- [Response to an Appeal Letter \(scroll down to Letters\)](#)

##### **Policy:**

- [Financial Counseling Policy](#)

**HELP:** For questions or assistance with this policy, please contact your Patient Financial Services department.